Northern Health

# Term Description – Handbook – ROVER

| 1. Term details: | | | |
|---|---|---|---|
| **Health Service:** | Northern Health | **Term duration:** | Maximum: 13 weeks |
| **Location/Site:** | Northern Hospital Epping | **Clinical experience - Primary**: | C: Acute and critical illness patient care |
| **Parent Health Service:** | Northern Health | **Clinical experience - Secondary**: | B: Chronic illness patient care |
| **Speciality/Dept.:** | Haematology | **Non-clinical experience:** | *(PGY2 only)* |
| **PGY Level:** | PGY2 | **Prerequisite learning:** | *(if relevant)* |
| **Term Descriptor:** | *Haematology term with ward-based management of haematology conditions. Weekend cover of oncology ward patients. Occasional attendances at day oncology unit.* | | |

| 2. Learning objectives: | | |
|---|---|---|
| *EPA1: Clinical Assessment* | Domain 1 | Communicates accurately and effectively with the patient, carers and team members. |
| | Domain 2 | Demonstrates professional conduct, honesty and integrity. |
| | Domain 3 | Recognises and takes precautions where the patient may be vulnerable. |
| | Domain 4 | Makes use of local service protocols and guidelines to inform clinical decision-making. |
| *EPA2: Recognition and care of the acutely unwell patient* | Domain 1 | Identifies deteriorating or acutely unwell patients |
| | Domain 2 | Works effectively as a member of a team and uses other team members, based on knowledge of their roles and skills, as required. |
| | Domain 3 | Demonstrates critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. |
| | Domain 4 | Complies with escalation protocols and maintains up-to-date certification in advanced life support appropriate to the level of training. |
| *EPA3: Prescribing* | Domain 1 | Appropriately, safely & accurately prescribes therapies (drugs, fluids, blood products, oxygen), & demonstrates an understanding of the rationale, risks & benefits, contraindications, adverse effects, drug interactions, dosage & routes of administration |
| | Domain 2 | Demonstrates an understanding of the regulatory and legal requirements and limitations regarding prescribing. Subpoints |
| | Domain 3 | Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community. |
| | Domain 4 | Applies the principles of safe prescribing, particularly for drugs with a risk of significant adverse effects, using evidence-based prescribing resources, as appropriate. |
| *EPA4: Team communication – documentation, handover and referrals* | Domain 1 | Produces medical record entries that are timely, accurate, concise and understandable. |
| | Domain 2 | Informs patients that handover of care will take place and to which team, service, or clinician as appropriate. |
| | Domain 3 | Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required. |

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| | Domain 4 | Maintains records to enable optimal patient care and secondary use of the document for relevant activities such as adequate coding, incident review, research or medico-legal proceedings. |

## 3. Outcome statements:

| **Domain 1:** *The prevocational doctor as practitioner* | **Domain 2:** *The prevocational doctor as professional and leader* | **Domain 3:** *The prevocational doctor as a health advocate* | **Domain 4:** *The prevocational doctor as a scientist and scholar* |
|---|---|---|---|
| *☒ 1.1 Place the needs and safety at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.*<br>*☒ 1.2 Communicate sensitively and effectively with patients, their family and carers, and health professionals, applying the principles of shared decision-making and informed consent.*<br>*☒ 1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect within an ethical framework inclusive of indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait Islander patient care*<br>*☒ 1.4 Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patient's health and other relevant issues*<br>*☒ 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness*<br>*☒ 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.*<br>*☒ 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team*<br>*☒ 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically*<br>*☒ 1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.*<br>*☒ 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making* | *☒ 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.*<br>*☒ 2.2 Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.*<br>*☒ 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.*<br>*☒ 2.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.*<br>*☒ 2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an inter-personal team.*<br>*☒ 2.6 Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others.*<br>*☐ 2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create culturally safe environments for Aboriginal and Torres Strait Islander communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.*<br>*☒ 2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.* | *☒ 3.1 Incorporate disease prevention, relevant health promotion and health surveillance into interactions with individual patients, including screening for common diseases, chronic conditions, and discussions of healthcare behaviours with patients*<br>*☒ 3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patients physical, emotional, social, economic, cultural and spiritual needs and their geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.*<br>*☒ 3.3 Demonstrate culturally safe practice with ongoing critical reflection of the impact of health practitioner's knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination.*<br>*☒ 3.4 Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence around systemic racism as a determinant of health and how racism maintains health inequity.*<br>*☒ 3.5 Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.*<br>*☒ 3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners and Liaison Officers).* | *☒ 4.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.*<br>*☒ 4.2 Access, critically appraise and apply evidence form the medical and scientific literature to clinical and professional practice.*<br>*☐ 4.3 Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management, incident reporting and reflective practice.*<br>*☐ 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.* |

| 4. Supervision details: | | | |
|---|---|---|---|
| ***Supervision Role*** | ***Name*** | ***Position*** | ***Contact*** |
| **DCT/SIT** | ***Dr Chiu Kang*** | Supervisor of HMO Training | Chiu.Kang@nh.org.au |
| **Term Supervisor** | ***Dr Teresa Leung*** | Consultant Haematologist | Teresa.Leung@nh.org.au |
| **Clinical Supervisor (primary)** | ***Dr Teresa Leung*** | Consultant Haematologist | Teresa.Leung@nh.org.au |
| **Cinical Supervisor (day to day)** | ***Allocated Consultant and Registrar on ward service*** | Consultant or Registrar | Click or tap here to enter text. |
| ***EPA Assessors*** *Health Professional that may assess EPAs* | • All Consultants<br>• Click or tap here to enter name and role<br>• Click or tap here to enter name and role | | |

| ***Team Structure*** **- Key Staff** | | |
|---|---|---|
| **Name** | **Role** | **Contact** |
| Dr Rachel Cooke | Head of Unit | Rachel.Cooke@nh.org.au |
| Dr Teresa Leung | Consultant Haematologist | Teresa.Leung@nh.org.au |
| Andrew Nixon | NUM | x52080 |
| Unit Consultants | Dr Lachlan Hayes, Prahlad Ho, Teresa Leung, Vanessa Manitta, Hui Yin Lim, Frank Hong, Paul Turner, Chong Chyn Chua, Julie Wang, Sun Loo | Via Switch |
| Ward / Day Onc Haem Registrar | Jason Hu | Via medtasker |
| Lab/BMAT Registrar | Matthew Murphy | x52596 |
| Ward 15 Pharmacist | Vikram / Justin | x52350 |
| Day Onc Pharmacist | Hari / Catherine | x52094 |
| Day Oncology Unit (DOU) NUM | Mel | x52366 |
| Haematology Nurse Practitioner (Leukaemia/ MDS) | Louise Scolieri | louise.scolieri@nh.org.au |
| Haematology Clinical Nurse Coordinator | Gisha George | gisha.george@nh.org.au |
| Haematology Clinical Trials Unit | Haematology Clinical Trials Unit | cancerclinicaltrials@nh.org.au |

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|---|---|---|
| Centralised Haematology, Oncology and Palliative Care email inbox (for all matters clinics related) Haemaology Outpatient Nurse coordinator | Elizabeth Fawcett | NH-SpecialtyPracticeGroup1@nh.org.au |
| SURC- Symptom Urgent Review Clinic<br><br>(Patients undergoing treatment can bypass ED and being directly reviewed +/- admitted) | | surc@nh.org.au<br><br>0498 131 363<br>(can give this number to patient) |

| **5. Attachments:** | |
|---|---|
| R-over document | See below |
| Unit orientation guide | See below |
| Timetable (sample in appendix) | See below |

| **6. Accreditation details *(PMCV use only)*** | | |
|---|---|---|
| **Accreditation body:** | Click or tap here to enter text. | |
| **Accreditation status:** | Click or tap here to enter text. | |
| **Accreditation ID:** | Click or tap here to enter text. | |
| **Number of accredited posts:** | PGY1: number | PGY2: number |
| **Accredited dates:** | Approved date: date. | Review date: date. |

| **7. Approval** | | |
|---|---|---|
| Reviewed by: | Click or tap here to enter text. | Date:Click or tap to enter a date. |
| Delegated authority: | Click or tap here to enter text. | Date:Click or tap to enter a date. |
| Approved by: | Click or tap here to enter text. | Date:Click or tap to enter a date. |

**Appendix**

**Timetable example**

| | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|---|---|---|---|---|---|---|---|
| **Morning** | Enter Time | Enter Time | Enter Time | Enter Time | Enter Time | Enter Time | Enter Time |
| | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | 09:00 – 11:00 MDM & pathology meeting | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Afternoon** | Enter Time | Enter Time | Enter Time | Enter Time | Enter Time | Enter Time | Enter Time |
| | 12:00 – 13:30 Unit Meeting & Journal Club | Click or tap here to enter text. | 12:30 – 13:00 Radiology meeting | 12:30 – 13:30 HMO Education | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Evening** | Enter Time<br>Click or tap here to enter text. | Enter Time<br>Click or tap here to enter text. | Enter Time<br>Click or tap here to enter text. | Enter Time<br>Click or tap here to enter text. | Enter Time<br>Click or tap here to enter text. | Enter Time<br>Click or tap here to enter text. | Enter Time<br>Click or tap here to enter text. |
| **Hours** | Total | Total | Total | Total | Total | Total | Total |

| **Reg Haematology Advanced Trainee** | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Reg 1 | **0800-1730** | **0800-1730** | **0800-1300** | **0800-1730** | **0800-1700** | | | **0800-1730** | **0800-1730** | **0800-1300** | **0800-1730** | **0800-1730** | | |
| | **On CPoC On call Haem /Onc Night** | | | | | | | | | | | | | |
| Reg 2 | **0800-1730** | **0800-1730** | **0800-1300** | **0800-1730** | **0800-1700** | | | **0800-1730** | **0800-1730** | **0800-1300** | **0800-1730** | **0800-1730** | | |
| | | **On CPoC On call Haem /Onc Night** | | | | | | | | | | | | |
| **Haematology HMO** | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** |
| HMO | **0800-1700** | **0800-1700** | **0800-1700** | **0800-1200** | **0800-1700** | | | **0800-1700** | **0800-1700** | **0800-1700** | **0800-1200** | **0800-1700** | | |

| **9. Hospital Orientation** | | |
|---|---|---|
| Hospital orientation occurs at the beginning of each term. Attendance is mandatory and paid non-clinical time.<br>This is separate to the unit orientation. Follow the link for details, password: NorthernDoctors | | |
| Location | NCHER, Northern Hospital – Epping | 185 Cooper Street, Epping 3076 |
| Facilitator | Medical Education Unit | Email: MedicalEducationUnit@nh.org.au |
| Date | First day of each term | |
| Start | 08:00 | |

| 10. Unit Orientation | |
|---|---|
| Unit Orientation occurs at the beginning of each term. Attendance is mandatory and paid time.<br>Orientation that occurs outside of your rostered hours should be submitted as overtime on the overtime reporting portal | |
| Location | TBC |
| Facilitator | Teresa Leung |
| Date | First week of each term (either Wed or Fri depending on ward workload) |
| Start | 11:00 |

| 11. Unit Overview | |
|---|---|
| Department | Clinical Haematology |
| Location | Epping Campus |
| Inpatient Beds | 8-15 inpatients |
| Outpatients Clinics | 15 clinics per week (HMO attendance not required) |
| Day Procedures | Bone marrow biopsies, Lumbar puncture, Lymph node biopsy, Hickman line removal |
| Virtual Unit | Nil |

**12. Safety**

Unit Specific Safety & Risks

- You will be directly looking after patients receiving chemotherapy – please be aware of cytotoxic and immunotherapy side effects and toxicities
- You will be looking after sick and rapidly deteriorating patients - please be familiar with how to recognise and respond to acute deterioration standard and policies.
- You will be looking after severely immunocompromised patients – please be familiar with how to prevent and control infections standard and policies
- You will be prescribing blood products frequently – please be familiar with blood management policies
- Management of haematology patients is highly dynamic, and plans can change quickly. Please do not be afraid to confirm all plans with registrar or consultant after each ward round.

| 13. Communication | |
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| Medtasker | Haematology Inpatient HMO |
| WhatsApp | Nil |
| Pager | 839 |
| MS Teams | Nil |

| 14. Handover Process | |
|---|---|
| Morning | Medtask or Face to Face handover from night cover |
| Afternoon | Face to Face handover to Onc HMO (evening) , except on Weds handover to pall care HMO |
| Night | Face to Face handover to night cover |

| 15. Shift Structure | | | |
|---|---|---|---|
| | Intern | HMO | Registrar |
| Day | NA | 1 ward HMO | 1 ward and 1 referrals reg |
| Afternoon | NA | Ward HMO – Fri pm off | Ward Reg – Wed pm off<br>Referrals Reg- Mon pm off |
| Night | NA | Onc HMO- evening<br>Night cover HMO | Oncall Reg (Haem/Onc) |
| Weekend | NA | Onc HMO- weekend ward round<br>Weekend cover HMO | Oncall Reg (Haem/Onc) |

| 16. Shift Roles & Responsibilities | | | |
|---|---|---|---|
| | Intern | HMO | Registrar |
| Day | NA | -Ward round<br>-Attend unit meetings and journal clubs<br>-Assist registrars when required<br>-Assists in procedures | -Authorise chemotherapy<br>-Ward round<br>-Referrals and advice<br>-Review patients at day oncology and SURC<br>-Perform procedures<br>-Attend meetings and journal club |
| Afternoon | NA | -Caring for ward patients<br>-Organise discharges<br>-Order/ chase investigations<br>-Assist registrars when required<br>-Handover<br>Weekends are covered by the afternoon Oncology HMO as well as cover HMO<br>Oncology HMO will either round with Haem or Onc regs<br>Handover Friday afternoon and ask which consultant is rounding for Haem and Onc as they arrive at different times.<br>On the occasion consultants arrive at the same time, the resident will peel off and round with the other consultant | - Referrals and Advice<br>- Chart chemotherapy<br>- Chase investigations<br>- Perform procedures<br>- Family meeting/ updates<br>- Outpatient clinic (Tues)<br>- Cover other registrars |
| Night | NA | NA | Oncall |
| Weekend | NA | NA | Weekend ward round + oncall<br>Oncall shared between |

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| | | | oncology/day onc reg and haem regs<br><br>For telephone on call, you need to put in 1 phone call in the "recall form" so that you will be paid the higher rate of oncall by JMWU.<br><br>Also, the timetable will be reflected in "roster on" program. Make sure you check your roster on each week to see if you're on call sessions are reflected there |

## 17. Common Conditions

- PE/DVT

-Initially therapeutic enoxaparin 1mg/kg BD (dose adjust for renal function if needed)
-Generally swap to DOAC in 24 hrs unless
*Infarction on CTPA
*Underlying malignancy that might require any procedure like biopsy
-Most common NOAC is Apixaban 10mg BD 7/7, then 5mg BD 3/12 until clinic review
- Try to organise bilateral Doppler ultrasounds on all PEs as inpatients, as it may take too long as an outpatient. It is useful to know if there are DVTs as a baseline in case they represent in a few weeks and DVTs are identified, whether it is a new acute clot or a clot from the same time of PE will change management
-Think about whether provoked vs. unprovoked
-Please document anatomical location of the clot (e.g. below knee DVT- gastrocnaemius vein and/or bilateral segmental PE)
-Consider need for age-appropriate malignancy screening, APLS screen (lupus anticoagulant, anti-B2-Glycoprotein Ab and anti-cardiolipin Ab). In most situations, you **do not** order inherited thrombophilia screens for inpatients.

- Malignant Haematology: AML, Lymphoma, Myeloma, febrile neutropenia

-Most common inpatient chemo
lymphoma – R-CHOP, MATRix, BV-CHP, R-DHAC, R-ICE,
AML – 7+3 induction, HIDAC consolidation, VEN/AZA
ALL- blinatumumab
CLL – venetoclax and rituximab, Obinutuzumab
Myeloma- DCEP
-Pre chemo please ensure if patient had HepB (core Ab and sAg) /C/HIV serology, TB if relevant
-Ensure pre chemo gated pool scan/PET done +/- line (PICC/Hickman)
-Baseline weight and height for chemotherapy dosing
-Ensure supportive meds are charted (check CHARM)

- ITP

-High dose steroids first line plus IVIG if bleeding
-Pooled platelets /Aphresis platelets /Group specific platelets
-Repeat FBE 1hr after platelet transfusion to see the increment

- TTP

-Urgent plasma exchange plus high dose steroids +/- rituximab

- Hemolysis screen and Tumour Lysis Screen (TLS) bloods : Often you will be asked by your reg to order :TLS bloods = UEC/CMP/LDH/Urate; Haemolysis screen= Retic/Hapto/LDH/DAT/ Bilirubin/ Blood Film

## 18. Common Procedures

- BMATS
- Lumbar punctures
- IDC
- IVC
- PICC line/Hickman insertion (For PICC, ALWAYS request dual lumen)
- Ascitic / Pleural tap (rare)

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| **Intervention radiological procedure** | ○ Common to request for Hickman's line / PICC line insertions (needs radiology request form and signed consent form). Always request DUAL lumen PICC lines.<br>○ Ask staff at trolley bay who the interventional radiologist is for the day and where to find them<br>○ Get approval from IR radiologist<br>○ Go back to staff at trolley bay to schedule procedure<br>○ Usually will require recent coagulation studies and platelets at least 50<br>○ For LN biopsy, taps etc. contact booking nurse ext 59608 or go and see them (RECOMMENDED: Go see them (Michelle/Tanika). They start work at 0900 hrs and their office is located opposite the Radiology Waiting Bay)<br>▪ Please include the path slip with required investigations as well. |
| **Organising BMAT** | -Informed Consent is mandatory. You can download information leaflet in various languages from PROMPT<br>The list is located in a book manned by the receptionist in DPU reception, contact Mary (58501) to find out availability. Bring a completed NOA form to the DPU reception area (ward 9) to book in the procedure<br>Every TUESDAY starting at 8am @ Day Procedure:<br>3 outpatients (occurs in DPU) and 1 inpatient (On ward or in DPU) - Can have 4 outpatients if required, but need to be discussed with the consultant)<br>- Pt to FFMN<br>- Aspirin okay. Anticoagulation needs to be ceased 24 hours prior<br>- Pt to present to Day Procedure at 7.30am<br><br>Every THURSDAY starting at 0830 @ Day Oncology: 1 or 2 patients BMAT list in day oncology unit<br>- Need to prearrange with Mel (Day Onc NUM )<br>**Inpatient marrows will take place only under emergency circumstances and require consultant approval. Consultant will finalise on venue of the biopsy at a case by case basis . Please ensure patient is consented and fasted overnight prior to procedure** |

## 19. Clinical Guidelines

The My Favourite Links page on the intranet contains the links to a number of useful clinical guidelines
https://intranet.nh.org.au/applications/
ETG- Electronic Therapeutic Guidelines
AMH- Australian Medicines Handbook
Up to Date

PROMPT- This site contains the hospital policy and procedure manuals. It can only be accessed from the intranet - https://intranet.nh.org.au/departments-and-services/prompt-policy-procedures-guidelines/prompt-policies-procedures-and-forms/

**Essential for Haematology HMO**
PROMPT policy- **Febrile Neutropenia**

PROMPT policy- **Haematology- Supportive Care Chemotherapy Patients**

PROMPT policy- "Bone Marrow Aspiration and Biopsy"

PROMPT policy- "Suspected New Diagnosis "High Risk" Acute Leukaemia

**Additional Reading**

PROMPT policy - "Haematology -Malignant Protocols"

PROMPT policy –"Haematology – Thrombosis and Haemostasis Protocols"

PROMPT policy – "Haematology- Non-Malignant Protocols"

## 20. Routine Orders

| | |
|---|---|
| Pathology | -Daily bloods: FBC UEC CMP LFTs +/- coags<br>-TLS monitoring: FBC UEC CMP LFTs CRP LDH Urate<br>-All malignant haematologuy patients need to have active group and holds at all times – they last for 72 hours . **Mondays and Thursdays are usually Group and Hold days** |
| Radiology | -Inpatients ordering – via EMR. For selected tests, radiographer will med task to discuss so they can triage.<br>- Outpatients ordering- provide paper request form to patient<br><br>PET Scans<br>PET Scans are performed to look for systemic involvement of malignancies.<br>To order PET, there is a special PET/NUCLEAR MED request form that needs to be signed by a Consultant. The PET request then can be 1) faxed or 2) Hand-delivered to nuclear med.<br>NOTE: You NEED to tell the NUM or NIC for PETs as patient transport needs to be organised to transfer the patient across the road where PET happens. |

<table>
<tr><td></td><td>Standard procedure includes:<br>Fast from midnight if non-diabetic and diet-controlled diabetics<br>For diabetics on OHG and insulin- ask PET for specific instructions</td></tr>
<tr><td>Pharmacology</td><td>Common Medications for charting<br><br>
<table>
<tr><th>MEDICATION</th><th>INDICATION</th><th>ROUTE</th><th>DOSE</th><th>FREQUENCY</th></tr>
<tr><td>Trimethoprim/Sulfamethoxazole 160/800mg</td><td>PJP prophylaxis</td><td>oral</td><td>1 tab</td><td>M/W/F mane</td></tr>
<tr><td>Valaciclovir</td><td>VZV prophylaxis</td><td>Oral</td><td>500 mg</td><td>Daily or BD (check with reg)</td></tr>
<tr><td>Posaconazole</td><td>Fungal prophylaxis</td><td>Oral</td><td>300mg</td><td>Mane (d1 BD)<br>Needs levels</td></tr>
<tr><td>Peter Mac Mouthwash</td><td>mucositis</td><td>Oral</td><td>1 sachet (2.5g)</td><td>QID</td></tr>
<tr><td>G CSF (Filgrastim or PEG-filgrastim/ Lipegfilgrastim)</td><td>Neutropenia</td><td>subcut</td><td>300mcg/6mg</td><td>daily</td></tr>
<tr><td>Nilstat</td><td>Oral thrush</td><td>oral</td><td>1mL</td><td>QID</td></tr>
<tr><td>Allopurinol</td><td>Tumour lysis prophylaxis</td><td>Oral</td><td>300mg (if normal renal fx)</td><td>Mane</td></tr>
<tr><td>Pethidine</td><td>rigors</td><td>IV</td><td>12.5-25mg</td><td>PRN 1-2 hourly</td></tr>
<tr><td>Tazocin</td><td>Febrile Neutropenia</td><td>IV</td><td>4.5gm</td><td>QID</td></tr>
</table>
Chemotherapy INPATIENT<br>
To start chemotherapy as an inpatient, you need to know:<br>
1. Type of chemo (IV, oral or subcut)<br>
2. Nursing staff availability to 1) Educate patients and family and 2) Give chemotherapy<br>
a. NEED to give at least 24 hours notice before starting chemo for nursing staff arrangements.<br>
b. Ask the NUM or NIC to arrange for staff<br>
c. The first day of R-CHOP must be morning because the cycle duration is long. Therefore cannot be PM.<br>
3. If chemotherapy medication are available – need to contact Oncology Pharmacist and notify ward pharmacist.<br>
4. Patient and family need to be educated about Chemotherapy – patient also needs to sign consent form<br>
5. Nurses will sign off on the chemotherapy medications on the CHARM chart (electronic) and then give the supportive medication on your hand written medication chart<br>
a. It helps to NUMBER THE DAYS to help you keep track of duration of supportive medications and when to start certain meds.<br><br>
Massive Transfusion Protocols<br>
Occasionally you will get paged by the blood bank to notify you about activation of a massive transfusion protocol.</td></tr>
</table>

| | |
|---|---|
| | - This basically means that somewhere in the hospital, someone needs a lot of blood and the massive transfusion protocol has been activated.<br>- The role of Haem is to help the team with transfusion, by recommending types of blood products, timing of blood products and watch out for pathology results.<br>If you, the HMO gets paged, notify your reg asap. |
| | NOACs Approval<br>There is iguidance program (just like antibiotics approval) for patients to be on NOACs. If they don't qualify they will call Haem Reg to get the authority using the program. |

| **21. IT Programs** | |
|---|---|
| EMR | The EMR is in use for documentation, medication ordering and radiology/pathology requests.<br>It is being used for all inpatients, as well as maternity clinics and pre-anaesthetic clinics.<br>Located in the intranet > My Favourite Links > EMR Live Environment<br>EMR Training courses are located on the LMS- https://mylearning.nh.org.au/login/start.php<br>Training is compulsory; you will need to complete the elearning within the first week of commencing.<br>Please contact medical workforce, or check the EMR website for more information on how to complete EMR training https://emr.nh.org.au/<br>When starting a new rotation, please reach out to Term Supervisor to ensure you are oriented to the EMR specific workflows for that unit as well.<br>EMR is NOT a primary communication system. Please use Medtasker and phones for referrals and communication. |
| CPF | The source of information for all outpatients' clinics, investigations, GP referrals and scanned admission notes prior to September 2023.<br>Located in the intranet > My Favourite Links > CPF https://cpf.nh.org.au/udr/ |
| PACS | XERO Viewer Pacs- https://nivimages.ssg.org.au/ or located in My Favourite Links, look for the CXR icon<br>This is where you can find radiology images |
| My Health Record | Centralised health record https://shrdhipsviewer.prod.services/nhcn |
| Safe Script | Monitoring system for restricted prescription medications https://www.safescript.vic.gov.au/ |
| CHARM – chemotherapy orders/other special orders | All chemotherapy will be administered through the CHARM program.<br>- This program allows organisation of different chemotherapy and transfusion pathways (iron, blood, platelets, bisphosphonates)<br>- The HMO can only view CHARM but not edit or Print.<br>- You will ALWAYS be asked by the NUM or nurses if a patient has been "CHARMed". which basically means has a consultant or reg approved the treatment and have they entered into the CHARM program, ready for the CHARM drug chart to be printed to allow administration.<br>Also, there will be other units calling you to get their patients into CHARM. For example, rheum patients requiring Rituximab or other monoclonal abs. We need to get their details and then put them in CHARM. |

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| | **As soon as you commence rotation, please download and complete CHARM access form from PROMPT (tick View-Only CHARM access) with facilitator's signature. Email completed form to NHS-CharmAdministrators@mh.org.au** |

| **22. Documentation** | |
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| Admission | Usually done by Registrars- HMO can help out with admissions. Please run through all plans with registrar<br><br>Avoid reflex "Copy & Paste" from previous discharge summaries– should aim to crystallise previous history and add in own interpretation<br><br>➢ Ensure all peri-chemo or malignancy blood workup is ordered aka hep B/hep C/HIV/EBV/CMV/Quantiferon etc.<br>➢ There are "ordering sets" on EMR for e.g. lymphoma or myeloma that you can utilize in newly diagnosed patients<br>➢ Ensure prophylaxis is charted or considered- valaciclovir (HSV prophylaxis) + Bactrim (PJP Prophylaxis)<br>➢ Seek any essential correspondence from other health services at the outset bc this can take a while, although has had reasonably quick turn-around time this term<br>➢ Usual admission things- workout a good admission issues list and discuss with AT<br><br>**Seeking correspondence**<br><br>If patient has previously received treatment in other health institutes (not uncommon!), please request for documentation. See emails below:<br><br>➢ RMH: rmhhisfaxrequests@mh.org.au<br>➢ Austin: medicalrecordrequest@austin.org.au<br>➢ Peter Mac: his.eir@petermac.org<br>➢ Alfred: informationrelease@alfred.org.au<br>➢ RCH: HIS.Patientinfo@rch.org.au<br><br>Elective admission:<br>For patients coming into the ward, please do 3 things:<br><br>- Inform the bed manager about admission<br>- Inform the NUM / in charge nurse know about the admission<br>Write an elective admission form (found on the ward) – Use the Blue Notice of Admission form. Put the form into the "blue elective admission book" stored at the ward clerk desk and let the ward clerk know to call the patient/ call the patient yourself |
| Ward Rounds | Ensure below documented in each patient on EMR daily round:<br><br>*1) Who is present on the ward round*<br>*2) Patient diagnosis, cycle/day of treatment e.g. AML (complex cytogenetics) -C1 D14* |

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| | 3) *List of active issues and actions taken (registrars please review what HMO is documenting) e.g.*<br>*# Febrile neutropenia – Rx Tazocin, blood and urine cultures to follow, CXR NAD*<br><br>*# Hypokalaemia*<br><br>*# Acute renal failure – diuretics withheld, improving etc*<br><br>4) *Document vital signs, note if any abnormal*<br>5) *Examination findings*<br>6) *Acknowledgement of Hb/neuts/plts results (for patients receiving chemo) and any other out of range pathology*<br>7) *Management plan, **including if authorising to go ahead with chemotherapy** (NB also verbally communicate to nursing staff and sign off CHARM as usual)*<br>8) In unwell, unstable patients, provide updated criteria for nursing staff to notify medical team or call Pre MET. Also confirm goals of care with reg/ consultant.<br><br>Try to **highlight**, CAPITALISE and use RED coloured so important points can stand out. |
| Discharge Summary | ➢ Discharge appointment to Haematology OPD clinic- clot clinic or general clinic- ensure whichever needed is booked prior to discharges<br>➢ Ideally discharge prep all weekend discharges- paste the scripts to doctors office board and prep the dc summary – and hand these over to weekend Reg/cover where possible<br>➢ Ensure follow up plans are in place: if needing C2 chemo for example or bloods monitoring post discharge, will need a DayOnc/NOAH spot- work this out with AT who usually helps organize. Or if needing readmission, will need a bed booked> go through bed manager, usually AT leads this one.<br>➢ If needing bloods done in community, provide pathology slips to patients<br>➢ If PICC or Hickman line in situ- need to book day onc spot/ NOAH for weekly dressing change<br>➢ Make sure all follow up clinic appointments are referred through CPF e-referrals<br>If patient has active haematological malignancy- always list that in principle diagnosis and try and establish association with current presentation.<br>▪ E.g. "E coli sepsis secondary to chemotherapy for relapsed diffuse large B cell lymphoma"<br>Use "Culture negative sepsis" over "febrile neutropenia"<br>▪ If organism known, please name organism in discharge summary (see above)<br>○ List all transfusion activities and describe cytopenias e.g. anaemia, thrombocytopenia<br>○ List all inpatient surgical procedures e.g. endoscopy, excisional LN biopsy<br>➢ List allied health and ACAS involvement |
| Outpatient Clinics | Document all notes on CPF<br>-Go to Outpatients tab and select "Haematology Outpatient Clinic" from drop-down menu<br>**Suggested Headings:**<br>- Haematology issues and treatment summary |

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| | - Other Medical problems<br>- Medication/ Allergies<br>- Family History<br>- Social History<br>- On examination<br>- Impression<br>- Plan |
| CDI Queries | No regular meetings- as required |
| Death Certificates | Follow hospital policies<br>https://www.bdm.vic.gov.au/medical-practitioners |
| Coroners | Not common in haematology patients. Follow hospital policies.<br>https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death |

| **23. Referrals** | |
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| Internal | e-referral via the inpatient referrals tab in CPF<br>If urgent clinic (<4 weeks) follow -up required, also need to email Haem clinic coordinator directly to secure booking at **NH-SpecialtyPracticeGroup1@nh.org.au** |
| External | Letter- Remember to include your provider number.<br><br>**Radiotherapy Referrals**<br>• Radiotherapy for localised malignancies can be made by completing a Radiotherapy Referral form through Genesis.<br>• Once the form is completed, fax it to the number on the form and call ahead to talk to the Radiotherapist to discuss the case. Make sure any external images are uploaded to Xero PACS viewer.<br>• Your request would be either for Inpatient or outpatient view of the patient for radiotherapy.<br>• For Inpatient reviews, Dr Michael Ng/ Dr Cynleen Kai comes over to TNH and writes a plan in the patient notes. |

| **24. Clinical Deterioration** | |
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| Escalation Process | PROMPT-Deteriorating patient/ Escalation of Clinical Care |
| PreMet and MET | PROMPT-Deteriorating patient/ Escalation of Clinical Care<br>Notify Registrar at all times |
| Code | PROMPT-Deteriorating patient/ Escalation of Clinical Care<br>Notify Registrar and Oncall Consultant at all times |

| **25. Night Shift Support** | |
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| Unit | Contact on call registrar and consultant |
| Periop | Peri Op registrar attends MET calls (as supporting Med Reg) |
| Take 2 @ 2 | Night cover attends - to discuss sick patients on ward |

| 26. Assessments: PGY1 & PGY2 | |
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| All forms are located on the Northern Doctors website under the Assessments tab | |
| Beginning of Term | Meet with Term Supervisor to set learning goals for the term using the Term Description Learning Objectives as a basis for the discussion |
| Mid-Term & End of Term | To be completed at the mid and end of term meetings |
| EPAs | Minimum of x2 EPA assessments to be completed per term |

## 27. Mandatory Training

- Mandatory Training is located on the LMS- https://mylearning.nh.org.au/login/start.php
- Mandatory training is compulsory and part of your contract with Northern Health and needs to be completed by the first month of your start date. If not completed you will come of the floor to complete.
- Hand Hygiene needs to be completed by the end of your first week.
- If you have completed the mandatory training elsewhere you may be able to apply for recognition of prior learning

## 28. Unit Education

Monday- Haematology Education seminar/ Journal Club
Thursday -Protocol Review Meeting, Pathology Meeting, Multi-disciplinary Meeting (MDM)
Friday- Meet with facilitator

## 29. Unit Meetings

**Haem Unit meeting (MON 1200)**

**HMO to prepare unit meeting list by Monday AM**

Format as per document in S: Drive

You need to set up the meeting in the lecture theatre BY 12:00 (usually go by 11:45 to set up)

- log onto your MS Teams on the computer in the room
- invite "NHE – lecture theatre" to the meeting
- Drug rep sponsors lunch and starts off the meeting with a quick presentation – ensure you are not sharing your screen (with patient info) while the reps are in the meeting
    - **HMO presents all discharges**, only needs to be 10-20 seconds per patient. Key point is follow-up plan.
    - HMO also scribes for the rest of the meeting document

**Journal Club (MON 1300)**

Weekly haem journal club directly after the unit meeting.
You will be required to present once during these meetings. Ask Vanessa Manitta when you are rostered on as she's in charge of journal club.

**Radiology meeting (WED 12:30)**

Preparation: List with UR numbers, names and small story with importantly what question is to be answered by the Radiologist. Format as per document in S: drive
-Check with your registrar about what cases to add to the list. Consultants may also tell you to add patients on +/- import external scans **(speak to Max in radiology, or email NIVPACSrequests@nh.org.au)**

-Email list to oncall radiologist on Weds.

During/ After: log into the meeting on the computer and document discussion with radiologist on CPF. Add "Radiology Meeting Note" on outpatient tab on CPF

## 30. Research and Quality Improvement

-Please update this ROVER document at the end of your rotation

-If you are interested in projects/ clinical audits, speak to Dr Hui Yin Lim (Head of Diagnostic Haematology) and Dr Rachel Cooke (Head of Clinical Haematology for opportunities

## 31. Career Support

Contacts
-Your facilitator: Dr Teresa Leung
-For BPT physician training: Dr Mueed Mian, Dr Edwina Holbeach

## 32. Medical Students on the Unit

-1-2 attached to unit per year
-If there is one attached to the unit during your rotation, please be their mentor, and they will in turn be your good helper.
-Take initiative to include him/her in daily ward round, and share task-lists. Supervise simple procedures e.g. IVC and IDC.

## 33. Rostering

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| Shift Swap | The doctor initiating the roster swap is responsible for arranging with an appropriate colleague.<br>Once you have arranged a colleague to perform the swap, please email your MWU coordinator and cc in the colleague.<br>All swaps should be kept to within the pay period fortnight where possible. In exceptional circumstances where this cannot be achieved, please discuss with the MWU coordinator prior.<br>All shift swaps should be like hours for like hours.<br>Proposed shift swaps must be emailed to your MWU coordinator for approval. |
| Unplanned Leave- Notification and documentation process | **Personal Leave documentation required:**<br>For 3 single absences per year, the doctor will not be required to provide any supporting evidence to substantiate their personal leave.<br>For other days absent due to personal illness or injury the doctor is required to provide evidence of illness.<br>To be eligible for payment, the doctor is required to notify the Health Service **two hours** before the start of their shift, or as soon as practicable. |

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| | <table><tr><td>In hours Monday to Friday<br>0730 - 1630</td><td>Step 1:<br>Medical Workforce Reception<br>8405 8276</td><td>Step 2:<br>Notify unit</td><td>Please ensure you notify both MWU & your unit</td></tr><tr><td>After hours Monday to Friday<br>Between 1630 – 2200<br><br>After hours Monday to Friday<br>Between 2200-0730</td><td>Step 1:<br>Between 1630 – 2200<br>Medical Workforce On-call Phone<br>0438 201 362<br><br>Between 2200-0730<br>Hospital / After Hours Coordinator<br>(8405 8110 or via switch)</td><td>Step 2:<br>Notify unit (at a suitable time)</td><td>Please ensure you notify both MWU or After Hours (depending on the time) & your unit at a suitable time.</td></tr><tr><td>In hours Weekends & Public Holidays<br>0700 - 2200</td><td>Step 1:<br>Medical Workforce On-call Phone<br>0438 201 362</td><td>Step 2:<br>Notify</td><td>Please ensure you notify both MWU & your unit</td></tr><tr><td>After hours Weekends & Public Holidays<br>2200-0700</td><td>Step 1:<br>Hospital / After Hours Coordinator<br>(8405 8110 or via switch)</td><td>Step 2:<br>Notify unit</td><td>Please ensure you notify both MWU & your unit</td></tr></table> |
| Overtime | All overtime should be submitted into the Overtime Portal<br>This can be accessed via the intranet whilst onsite at Northern Health<br>Please include the reason for your overtime- i.e. ward workload, delayed handover, include UR where relevant. |

## 34. JMO Rover

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| **Chemotherapy OUTPATIENT** | Make sure consultant/reg "CHARMs" the patient's plan<br>Go to Day Oncology and let the NUM know when patient can be booked in and do they need any bloods prior. |
| **Day oncology** | Patients who are just CHARMED to have chemo, or inpatients who are D/C and requiring day onc follow up (bloods, weekly PICC line dressing etc):<br>- Need to inform the flow coordinator in day onc BEFORE YOU SCHEDULE ANYTHING– usually Mel, Kaylene 52366<br>- Day Onc is VERY BUSY and sometimes weekly blood transfusions etc. are very difficult to book in – occasionally need an elective admission<br>- If any change of plans (cancel, reduce dose etc), either email/talk to them directly |

**Other Useful Numbers**

**Alfred (MTx levels):** 93456278

**Cytogenetics (St Vincent's):** 92884154

**Molecular Lab (VCCC):** 9342 4522

**Northern Pathology Victoria Phone Directory**

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| **Specimen Reception** | 8405 8181 |
| **FBE & Coags** | 8405 8724 |
| **Bloodbank** | 8405 2717 |

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| **Morphology** | 8405 8360 |

| **35. Document Status** | | |
|---|---|---|
| Updated by | Teresa Leung, Aakriti Sharma, Patrick Leung, Jes Oktaviana | December 2023 |
| Reviewed by | Dr Natina Monteleone | 13/01/2024 |
| Next review date | | April 2024 |